



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Examiner: Johnston, Phillip A.

David L. Adler, et al.

Serial No. 10/017,262

Art Unit: 2881

Filing Date: 12/14/2001

Attorney Docket No.: P960 (11.700)

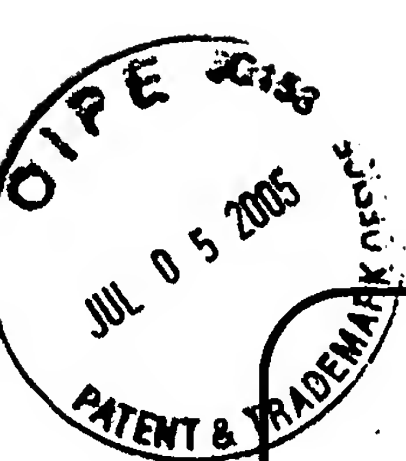
Title: Photoelectron Emission Microscope for Wafer and Reticle Inspection

Commissioner of Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION

Sir:

This is responsive to the final office action mailed on May 4, 2005. Applicants note that this response is being mailed within two months of the final office action.



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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/017,262
Filing Date	December 14, 2001
First Named Inventor	David L. Adler
Art Unit	2881
Examiner Name	Johnston, Phillip A.
Total Number of Pages in This Submission	9
Attorney Docket Number	P960 (11.700)

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	Okamoto & Benedicto LLP		
Signature			
Printed Name	James K. Okamoto		
Date	June 30, 2005	Reg. No.	40,110

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	James K. Okamoto	Date	June 30, 2005

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